



Niagara University Student Government Association Event Evaluation Form

Event Organization/Group: _____ Evaluator: _____

Event Location: _____ Date Submitted: _____

Title of Event: _____ Date and Time of Event: _____

Attendance: _____

Please provide a summary of your program:

What parts of the event went especially well:

What parts of the event did not go well:

What could you improve upon in the future?

Total Expenses:

Food: _____
Prizes: _____
Supplies: _____
Other: _____
Total: _____

Please Rate the event on a scale from 1 to 5. (1=poor, 5=amazing)

1 2 3 4 5